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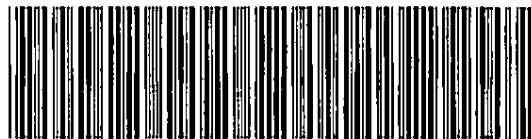
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 09/23/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BKO CONSTRUCTION & DEVELOPMENT, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BOBBIE G OWENS

(Contact Person)

BKO CONTRUCTION & DEVELOPMENT, LLC

(Firm/Company)

14338 HAMPSHIRE BAY CIRCLE

(Address)

WINTER GARDEN FLORIDA, 34787

(City/State and Zip Code)

For further information concerning this matter, please call:

BOBBIE OWENS

(Name of Contact Person)

407 924-3135
at (_____) _____
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BKO CONTRUCTION & DEVELOPMENT, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000188513

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/23/2019

4. I, KEITH A OWENS / DECEASED, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

KEITHA. OWENS / DECEASED - COD ATTACHED
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2020 JUL 31 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FL

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2019049611

DATE ISSUED: MARCH 29, 2019

DECEDENT INFORMATION

DATE FILED: MARCH 29, 2019

NAME: KEITH ANTHONY OWENS

DATE OF DEATH: MARCH 23, 2019

SEX: MALE

AGE: 054 YEARS

DATE OF BIRTH: AUGUST 21, 1964

SSN: ***-**-6811

BIRTHPLACE: PHILADELPHIA, PENNSYLVANIA, UNITED STATES

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: HEALTH CENTRAL

LOCATION OF DEATH: OCOEE, ORANGE COUNTY, 34761

RESIDENCE: 14338 HAMPSHIRE BAY CIRCLE, WINTER GARDEN, FLORIDA 34787, UNITED STATES

COUNTY: ORANGE

OCCUPATION, INDUSTRY: GENERAL CONTRACTOR, CONSTRUCTION

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: BLACK OR AFRICAN AMERICAN

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: BARBARA GAYE BOONE

FATHER'S/PARENT'S NAME: HERBERT LEE OWENS

MOTHER'S/PARENT'S NAME: ALMA JEAN COATES

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: BARBARA G OWENS

RELATIONSHIP TO DECEDENT: SPOUSE

INFORMANT'S ADDRESS: 14338 HAMPSHIRE BAY CIRCLE, WINTER GARDEN, FLORIDA 34787, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: SARAH CARRILLO, F045399

FUNERAL FACILITY: GOOD LIFE FUNERAL HOME & CREMATION F086271

8408 E. COLONIAL DRIVE, ORLANDO, FLORIDA 32817

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: A COMMUNITY FUNERAL HOME & SUNSET CREMATIONS
ORLANDO, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0203

DATE CERTIFIED: MARCH 28, 2019

CERTIFIER'S NAME: ROSHAN ASHOKKUMAR PATEL

CERTIFIER'S LICENSE NUMBER: ME126966

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number has been redacted pursuant to §119.071(5), Florida Statutes.



STATE REGISTRAR

REQ: 2020299797

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

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